

**CREDIT CARD PAYMENT****TO PAY BY CREDIT CARD FILL OUT THE FOLLOWING INFORMATION****CUSTOMER NAME:** \_\_\_\_\_**PART A**

CARD NUMBER																
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EXPIRATION DATE		MO		YEAR		Amount (US Dollars) \$	
TYPE OF CARD	VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>						

ACCOUNT HOLDER NAME			
BILLING ADDRESS 1			
BILLING ADDRESS 2			
CITY			
STATE/ZIP CODE		SIGNATURE	
COUNTRY			

**NO CHARGE BACKS OR REFUNDS**  
**ALL SALES FINAL**

**PART B**

**IF THE CUSTOMER NAME DOES NOT MATCH THE ACCOUNT HOLDER NAME, THIS FORM MUST BE NOTARIZED.**

**NOTARY**

Subscribed and sworn before me by the above credit card account holder, this \_\_\_\_\_ day of \_\_\_\_\_, of the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

**(SEAL)**

Expiration Date of Commission: \_\_\_\_\_